

**Form Number 3**

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

Petitioner,

and

**VERIFIED MOTION FOR FEE WAIVER**

Respondent.

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with \_\_\_\_\_

4. Our family's income is \$\_\_\_\_\_ per month. *(Total from below)*

***(Income received each month, before taxes)***

Wages (\$\_\_\_\_\_ per hour x \_\_\_\_\_ hours per month) \_\_\_\_\_  
Unemployment Compensation \_\_\_\_\_  
AFDC / TANF Benefits \_\_\_\_\_  
SSI / SSD Benefits \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other \_\_\_\_\_ + \_\_\_\_\_

**Total = \$ \_\_\_\_\_**

5. We have \$\_\_\_\_\_ in the bank.

6. Our expenses total \$\_\_\_\_\_ per month: *(Total from below)*

***(Expenses spent each month)***

Housing (Rent, Contract, or Mortgage) \_\_\_\_\_  
Utilities (Gas, Electric, Water, Phone, etc.) \_\_\_\_\_  
Food \_\_\_\_\_  
Child Care \_\_\_\_\_  
Medical Bills \_\_\_\_\_  
Transportation \_\_\_\_\_  
Insurance (car, medical and/or property) \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other (please describe) \_\_\_\_\_ + \_\_\_\_\_

**Total = \$ \_\_\_\_\_**

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Town, State and Zip Code

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IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**ORDER ON FEE WAIVER**

The Petitioner, has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted.

**IT IS THEREFORE ORDERED** that Petitioner may file this case:

\_\_\_\_\_ without the pre-payment of any filing fees, costs, security, bond, or other expenses; or

\_\_\_\_\_ upon the pre-payment of \$\_\_\_\_\_ which is a portion of the filing fee set by statute. Such sum must be paid by the Petitioner to the Clerk within the next 20 days.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Court

Distribution:

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Your spouse's name

\_\_\_\_\_  
Your mailing address

\_\_\_\_\_  
Your spouse's mailing address

\_\_\_\_\_  
Your town, state and zip code

\_\_\_\_\_  
Your spouse's town, state and zip code